

For Office Use Only

Applicant # _____

Registration paid: Cash _____ Check # _____ Card _____ Online _____ Date _____

Activity Fee paid: Cash _____ Check # _____ Card _____ Online _____ Date _____

Payment Option _____ **T-Shirt Size** _____

Abounding Love Ministries
S.T.A.R.S. Students That Are Reaching Success
Summer Registration Form 2026

Please Print

Student Information **Circle:** Male Female

Student's Name _____ Date of Birth: _____

Race: (Please Check) African American /Black White Asian/Pacific Islander Hispanic/Latino Other

Home Address: _____

City: _____ State: _____ Zip Code: _____

-Home Phone: () _____ Email: _____

Grade Next Year: _____ Age: _____ Social Security #: _____ (optional)

Current School Attending _____

Type of School: (Please Check) Public Private Charter Faith Based Home Schooled

Did your child participate in Virtual Learning for the 2025-2026 school year? _____

Was your child in a Special Needs class during the 2025-2026 school year? _____

If yes please his/her exceptionality: _____

Has your child Ever Repeated a Grade? _____ if so, what grade? : _____

Has your child had difficulties in any particular subjects during the year? _____

If so, please explain: _____

Do any of your children receive free/reduced price lunch at school? Yes or No

How many people live in your household? ___ How many children live in your household? ___

Household Annual Income? \$ _____

Will your child have any siblings in the program? _____ if so, please list their names:

Parent/Guardian Information

Parent/Guardian Name: _____ Relationship to Student: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Cell Phone: _____ Work Phone: _____

Please circle the best way to contact you above.

Occupation and Place of Employment: _____

Highest Grade completed or degree earned: _____

Does the child live with you? Yes or No

Parent/Guardian Name: _____ Relationship to Student: _____

Address: _____ City: _____

_____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Cell Phone: _____ Work Phone: _____

Please circle the best way to contact you above.

Occupation and Place of Employment: _____

Highest Grade completed or degree earned: _____

Does the child live with you? Yes or No

Medical Information

Has a doctor or health professional ever told you that this child has any of the following conditions?

€ Asthma

€ Hearing Problems

€ Vision Problems

€ ADHD or ADD

€ Behavior or conduct problems

€ Bone, joint, or muscle problems

€ Diabetes

€ Autism

€ Any developmental delay or physical impairment

€ Other _____

€ None

During the past 12 months, have you been told by a doctor or health professional that this child had any of the following conditions?

- € Hay fever or any kind of respiratory allergy
- € Any kind of food or digestive allergy
- € Eczema or any kind of skin allergy
- € Frequent or severe headaches, including migraines

Please list any physical limitations or allergies:

€ Stuttering, stammering, or other speech problems

€ Three or more ear infections

€ Other _____ € None

Please list any medications your child takes on a daily basis: _____

Please provide this child's physician's name and phone number:

Please provide this child's dentist's name and phone number _____

If this child needs emergency medical attention, what hospital would you like your child to be sent to?

Medical Release (One Per family)

The staff of S.T.A.R.S. and Abounding Love Ministries are totally indemnified and will not be held liable for illness or injuries to any students that may occur during program hours, transportation or while attending field trips. We will take all necessary and possible action to ensure the safety of each student. I give permission for the teacher and supervisor in charge to act on my behalf to take measures they deem necessary in the event of sickness or injury during my child's participation in the S.T.A.R.S. PROGRAM at Abounding Love Ministries, Inc. I agree to pay for any medical expenses for my son/daughter.

Print Name _____

Signature _____ DATE _____

Pick Up Permission/ Emergency Contacts

1. _____
NAME RELATIONSHIP PHONE NUMBER

2. _____
NAME RELATIONSHIP PHONE NUMBER

3. _____
NAME RELATIONSHIP PHONE NUMBER

4. _____ NA
ME RELATIONSHIP PHONE NUMBER

5. _____
NAME RELATIONSHIP PHONE NUMBER

Volunteer Availability *Please indicate at least one*

Weekday Time Availability: Morning _____ Afternoon _____ Evening _____

- € Field Trips
- € Donate snacks to Camp
- € Volunteer for S.T.A.R.S. Fundraisers
- € Be an Adult Guest reader during our afternoon assembly
- € Host lunch for the Staff
- € Other (Specify _____)

PARENT/GUARDIAN CONSENT FORM (One per Family)

I, _____ (parent/guardian’s name), give permission to the **ABOUNDING LOVE MINISTRIES (ALM)** and its designees to collect and record data about my child(ren), _____ (child’s or children’s names). This data gathering may include, but is not restricted to the following:

Surveys and/or interviews about his/her/their knowledge, attitudes, skills and behaviors in regard to his/her/their academic development such as motivation to read; non-academic development such as leadership and conflict resolution skills; and, overall satisfaction with the **S.T.A.R.S. PROGRAM**.

I understand that the purpose of these surveys and interviews is to document the impact of the **S.T.A.R.S. PROGRAM** on its participants and to identify areas for improvement. I also understand that this information will remain private, and that only my child(ren)’s site director(s) and research assistants **APPROVED BY ABOUNDING LOVE MINISTRIES** will be able to look at his/her responses. I also understand that my child(ren)’s responses will be automatically grouped together with the responses of other **S.T.A.R.S. PROGRAM** sites for any public presentations of findings, and that my child(ren) will not be individually linked to his/her/their responses. In addition, I understand I can take back my permission at any time.

Print Name _____

Signature _____ DATE _____

ABOUNDING LOVE MINISTRIES MEDIA RELEASE FORM

I hereby authorize and irrevocably grant to the **ABOUNDING LOVE MINISTRIES, S.T.A.R.S. PROGRAM** and its affiliates, licensees, agents and assigns, the unrestricted right to use and publish any part of the information that I have given to ALM S.T.A.R.S. and the right to record my name, voice, appearance, likeness, and Comments on film, videotape, audiotape, still photographs, print and any other media now known or hereafter invented. I acknowledge that ALM S.T.A.R.S. shall own all right, title and interest in and to this media. I further agree that ALM S.T.A.R.S. may cause all or parts of this media to be used for any and all publications, exhibitions, public displays, editorials, advertising or other purposes. I waive any inspection or approval of the media or any advertising or publicity in which my name, voice, appearance, likeness narrative or comments might appear. I expressly release and agree to hold harmless ALM, S.T.A.R.S. and its agents, employees, licensees and assigns from and against any and all claims including, but not limited to, invasion of privacy that I might ever have in any way relating to my interview or its use.

Print Name _____

Signature _____ DATE _____

PARENT CLOSING STATEMENT

I grant my child(ren) permission to participate in all the activities indicated above. I hereby certify that the statements in this application are correct and true. I understand that my child(ren)’s enrollment as a **S.T.A.R.S. PROGRAM** student is based, in part, on the information provided within this application and my agreeing to the terms as outlined in writing by **ABOUNDING LOVE MINISTRIES, S.T.A.R.S. Program**. I authorize the local program sponsor to furnish a copy of this form to **ABOUNDING LOVE MINISTRIES S.T.A.R.S. Program** for use in any demographic/longitudinal evaluations that may be developed to strengthen the **S.T.A.R.S. PROGRAM**. I also release, discharge, exonerate and absolve Abounding Love Ministries, S.T.A.R.S. Staff and its affiliates from any liability, claims, and causes of action of any type whatsoever arising out of or in any way connected with my child participating in this program.

Print Name _____

Signature _____ DATE _____

**Abounding Love Ministries
S.T.A.R.S.
2025 Field Trip Permission Form**

Child's Name _____ Grade _____

Parent's Name _____

Emergency Contact Number _____

	Initial Will Attend	Initial Will Not Attend	For Office Use Only	
			Attended	Did not Attend
LASM	_____	_____		
Main Event	_____	_____		
Juneteenth Family Day	_____	_____		
Girls' Day/ Boys' Day	_____	_____		
Sports Camp Week	_____	_____		
Audubon Zoo	_____	_____		
Run w/ the Reverend	_____	_____		
GEAUX Day @ LSU	_____	_____		
Liberty Lagoon	_____	_____		

I understand that transportation will be a **private bus line**.

If driving, all children and adults will wear proper seat belts. All drivers have current licenses and auto insurance.

I release, discharge, exonerate and absolve Abounding Love Ministries and S.T.A.R.S. Staff from any liability, claims, and causes of action of any type whatsoever arising out of or in any way connected with my child participating in this program.

(Parent or Guardian signature)

Abounding Love Ministries, Inc.
S.T.A.R.S.
Rules and Regulations

- ❖ Appropriate clothing must be worn to the program everyday.
- ❖ Girls-No halters, tube tops or short-shorts are allowed.
- ❖ Boys-No tank tops or muscle shirts allowed.
- ❖ No open toe shoes. No Crocs!
- ❖ Students must be on time each day in order to participate in breakfast.
- ❖ Excessive unexcused tardies and/or absences will automatically disqualify you from the program.
- ❖ The use of curse words will not be permitted and may result in a suspension.
- ❖ The use of drugs, alcohol and/or tobacco will not be tolerated.
- ❖ Weapons are not allowed on campus; this will be an automatic expulsion from the program.
- ❖ Fighting will not be allowed. Fighting will result in a suspension or expulsion.
- ❖ Vandalism will not be permitted and may cause an automatic expulsion from the program.
- ❖ No eating or drinking is allowed in the classrooms unless it is an approved snack.
- ❖ Early dismissal release must be requested by a parent and parent signature is required.
- ❖ Students are not allowed to use cell phones or electronic devices during program hours.
- ❖ S.T.A.R.S. is not responsible for lost or stolen items.
- ❖ Students must respect your teachers and classmates at all times.
- ❖ Students must abide by all the rules set by the teachers, instructors, and authorized personnel.
- ❖ Students will be written up, suspended and/or expelled from the program, if they fail to abide by these rules.

I agree to discuss these rules with my child(ren) and have them agree to abide by these rules and its consequences.

Print Student's Name: _____

Parent's Signature _____

Grade _____ Today's Date _____